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Director

# Department of Health Services



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## **MESSAGE FROM THE CALIFORNIA OFFICE OF FAMILY PLANNING, FAMILY PACT PROGRAM**

# **NOTICE OF PRIVACY PRACTICES**

**Effective April 14, 2003**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION  
ABOUT YOU MAY BE USED AND SHARED AND HOW  
YOU CAN GET THIS INFORMATION. PLEASE REVIEW IT  
CAREFULLY.**



## **PRIVACY AND YOU**

Your health information is personal and private. The Family PACT Program must keep your health information private. We get information about you when you apply for our services. Your doctors, clinics, labs, and hospitals send information to us when they ask us to approve and pay for your health care. We must give you this Notice of the law of how we keep your health information private.

### **CHANGES TO NOTICE OF PRIVACY PRACTICES**

Family PACT must obey the rules of this Notice. We have the right to make a change in our privacy practices and use it with all Family PACT records. If we do make changes, we will rewrite this Notice and send it right away to persons in the Family PACT program.



## HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

Family PACT and the people that work with us must obey laws on how we use and share your information. Your name, address, personal facts, medical records, and your medical history may only be used or shared for a reason related to running the Family PACT program, except as required by law. Such reasons include:

- To approve eligibility and the amount of medical assistance
- Establishing ways to pay for Family PACT services
- Investigating or prosecuting cases involving Family PACT (such as fraud)

The examples below show how we may use and share your health information for treatment, payment, and health care operations:

1. **For treatment:** You may need reproductive health medical care. Family PACT must approve these services in advance. We will receive information from and share it other people to make sure you get the care you need.
2. **For payment:** Family PACT and others that work with us receive, review, approve, process, and pay for health care claims sent to us for your reproductive health medical services. When we do this, we share information with the doctors, labs, clinics, and others who bill us for services.
3. **For health care operations:** We may use your health records to check the quality of the reproductive health care services you receive. We may also use them in audits, fraud and abuse programs, planning, and managing the Family PACT Program.



## **OTHER USES FOR YOUR HEALTH INFORMATION**

We may be forced to give out your health information under a court order or when required by law. We will give out information voluntarily to a court or lawyer if it is related to the operation of Family PACT. Such cases may involve fraud or actions to recover money from legally responsible third parties, when Family PACT has paid for your medical claims.

You or your doctor, hospital, etc. may appeal Family PACT decisions made about claims for services for you. Your health information may be used to make these appeal decisions.



## **WHEN WRITTEN PERMISSION IS NEEDED**

Family PACT may use or share your information in limited ways. If Family PACT ever wants to use your health information in any way not listed above, we must get your permission in writing. If you give us written permission to use or share your information for other reasons, you may take back your permission in writing at any time.



## **WHAT ARE YOUR PRIVACY RIGHTS UNDER THE LAW?**

- You have a right to ask us not to use or share your personal Family PACT information in the ways described above. We may not be able to agree to your request.
- You have the right to ask Family PACT to contact you only in writing or at a different address, post office box, or telephone number. We will accept reasonable requests when necessary to protect your safety.

California Department of Health Services

- You have the right to look at and get a copy of information that Family PACT has about you. Someone who has the legal right to act for you (your personal representative) may also look at and get a copy of this information for you. Family PACT has eligibility information, information about your health care bills, and reproductive health medical information, which we use to approve services for you or manage your reproductive health care. You will be sent a form to fill out and will be charged a fee for the costs of copying and mailing records. We may keep you from seeing parts of your records for reasons allowed by law.
- You have the right to ask that information in your records be changed if it is wrong or complete. We may refuse your request if the information is not made or kept by Family PACT, or if it is already correct and complete. You may ask for a review of our refusal or send in a letter disagreeing with our decision. This statement will be kept with your Family PACT records.
- When we share your health information for reasons other than your care, payment, or Family PACT operations, you have the right to ask for a list of whom we shared the information with, when, for what reasons, and what information was shared.
- You have a right to request a written copy of this Notice of Privacy Practices. You can also find this Notice on our website at: [www.familypact.org](http://www.familypact.org).

**\*\*\*\*\* IMPORTANT \*\*\*\*\***

**FAMILY PACT DOES NOT HAVE COPIES OF YOUR MEDICAL RECORDS.  
IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR  
MEDICAL RECORDS, PLEASE CONTACT YOUR DOCTOR OR CLINIC.**



## HOW DO YOU CONTACT US TO USE YOUR RIGHTS?

If you want to use any of the privacy rights explained in this Notice, please call or write us at:

### **Privacy Officer**

CA Department of Health Services  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 255-5259 or (877) 735-2929 TTY/TDD



## COMPLAINTS

If you believe that your privacy rights have been violated and wish to complain, you may file a complaint by calling or writing:

### **Privacy Officer**

CA Department of Health Services  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 255-5259 or (877) 735-2929 TTY/TDD

Or

### **Secretary of the U.S. Department of Health and Human Services**

Office for Civil Rights  
Attention: Regional Manager  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102  
For additional information, call (800) 368-1019  
or  
U.S. Office for Civil Rights at (866) OCR-PRIV (866-627-7748)  
or (866) 788-4989 TTY



## **NO RETALIATION**

Family PACT cannot take away your health care benefits or retaliate in any way if you file a complaint or use any of the privacy rights in this Notice.

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## **QUESTIONS**

If you have any questions about this Notice and want more information, please contact the Privacy Officer, Department of Health Services, at the address and phone number on page 5.